Report Documentation Page				Form Approved OMB No. 0704-0188	
maintaining the data needed, and c including suggestions for reducing	ompleting and reviewing the collect this burden, to Washington Headqu uld be aware that notwithstanding a	o average 1 hour per response, inclu- tion of information. Send comments tarters Services, Directorate for Info ny other provision of law, no person	regarding this burden estimate rmation Operations and Reports	or any other aspect of the 1215 Jefferson Davis	nis collection of information, Highway, Suite 1204, Arlington
1. REPORT DATE		2. REPORT TYPE		3. DATES COVE	RED
JAN 2010		Final Report		00-01-2007	7 to 00-01-2010
4. TITLE AND SUBTITLE			5a. CONTRACT NUMBER		
<u> </u>	General Surgery Res	sidents Using a	5b. GRANT NUMBER		
Pig Model (Sus scr			5c. PROGRAM ELEMENT NUMBER		
6. AUTHOR(S)		5d. PROJECT NUMBER			
Robert Cromer	FKE20070006A				
				5e. TASK NUMBER	
		5f. WORK UNIT NUMBER			
7. PERFORMING ORGANIZATION NAME(S) AND ADDRESS(ES)			8. PERFORMING ORGANIZATION		
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9. SPONSORING/MONITORING AGENCY NAME(S) AND ADDRESS(ES) 81st Medical Group, 301 Fisher St, Keesler AFB, MS, 395.			34	· · ·	
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				FKE200700	006A
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15. SUBJECT TERMS Resident surgical to	raining; laparoscop	y; pig			
16. SECURITY CLASSIFICATION OF:			17. LIMITATION OF	18. NUMBER	19a. NAME OF
a. REPORT	b. ABSTRACT	c. THIS PAGE	- ABSTRACT 1	OF PAGES 2	RESPONSIBLE PERSON

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Form Approved

DATE OF IACUC: JANUARY 2010 81st MEDICAL GROUP KEESLER AFB, MISSISSIPPI

ANIMAL TRAINING / RESEARCH PROTOCOL PROGRESS REPORT/FINAL REPORT

This is a Training Protocol Progress Report ____/ Final Report __XX__

1. Protocol Number assigned by CRL: FKE20070006A
2. Protocol Title: "Advanced Laparoscopy Training for General Surgery Residents Using a Pig Model (Sus scrofa domestica)"
3. Principal Investigator (PI): Major Robert Cromer, USAF, MC, Staff General Surgeon, 81 MSGS/SGCQ, Phone: 228-376-5616 (Include your rank and name, office symbol, telephone number)
4. Purpose: This protocol is designed to be part of the surgical training of Air Force physicians during their General Surgical residency at Keesler Medical Center. It provides residents with the opportunity to practice laparoscopic operative techniques in order to increase technical proficiency before they work on a human patient. It augments the clinical and didactic training provided to them in the residency program while providing valuable, hands-on experience in laparoscopic surgery pertaining to the abdomen, and augments their military medical readiness skills.
5. Status of the Study: Mark the status of the study.
a Active training protocol. Request approval to remain open.
b Study has never been initiated but request approval to remain open.
cXX Completed all approved training/research. Request approval to close.
6. Summary of Progress: This report covers the following period of time: January 2007 – January 2010
a. Since Last Progress Report or Initiation of Study: Three training labs were conducted during this three year approval period.
b. For the Entire Study: One hundred percent of this training protocol has been completed and is being closed due to the triennial de novo review requirement.
c. Number of personnel trained and number of animals used:
(1) Personnel Trained: Twenty two
(2) Animal Usage: Five
d. I anticipate PCSing or separating on or about July 2010.
7. If this is a FINAL REPORT: Were the protocol objectives met and how did the training benefit the DoD/USAF?
This training protocol has been utilized for a number of years at Keesler and is very beneficial to our residents. They are given the opportunity to practice a variety of laparoscopic techniques during training labs using animal models which betters their surgical skills before proceeding to human patients in the operating room. The protocol objectives are definitely met.

8. Protoco	l Changes:
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- a. Protocol Procedural Changes:
 - 1. XX No changes are anticipated and the protocol will continue as previously approved by the IACUC.
 - 2. Changes anticipated are described as follows: (Description)
- b. Protocol Personnel Changes:
 - 1. Has there been any Principal or Co-Investigator (PI/CI) changes since IACUC approval of protocol or the last annual review? ____ Yes __XX__ No. If yes, complete the following sections (Additions/Deletions) and indicate whether or not the IACUC has approved this change.
 - (a) Additions: (Include Name, Protocol function, IACUC approval Yes/No)
 - (b) Deletions: (Include Name, Protocol function, Effective date of deletion)
 - 2. Has there been any changes in animal care personnel since IACUC approval of protocol or the last annual review? ____ Yes __XX__ No. If yes, complete the following sections (Additions/Deletions) and indicate whether or not the IACUC has approved this change.
 - (a) Additions: (Include Name, Protocol function, IACUC approval Yes/No)
 - (b) Deletions: Include Name, Protocol function, Effective date of deletion)

9. Funding:

- a. Operation and Maintenance (O&M) funding in the amount of \$19,805.00 was approved in my original protocol for the three year duration of the study. I have utilized \$4,950.00 of these funds.
 - b. Request funding in the amount of \$ -0 for FY08 in addition to amount originally approved.
- c. I have received External Resources to support this study in the form of: (describe all those applicable: loaned equipment, consumable supplies, drugs from a non-DoD source, and/or funds from an external source, in this case give the name and amount) N/A

10. Certification of Principal Investigator:

My signature certifies that the above titled protocol has been/will be conducted in full compliance with the Animal Welfare Act and associated federal, state, and local regulations, and IACUC requirements/policies governing laboratory animal research/training. I understand that an annual progress report is required in order to maintain continuation approval and any changes in the study/methodology that will affect the animal care and/or use must be approved by the IACUC prior to implementation. If the study has never been initiated and I am requesting termination (Item 5.b. above), my signature certifies this request. If the study is completed (Item 5.c. above) and I am requesting closure, my signature certifies that the information provided on this form represents an accurate final report.

Signature Block of Principal Investigator ROBERT CROMER, Major, USAF, MC

81 MSGS/SGCQ

587445010

Date